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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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## Original Communications.

### POISONING BY MUSHROOMS.

By N. S. DAVIS, M.D.

ON the afternoon of Sept. 17th, 1874, a young man, attending the North-Western University, while out with two of his classmates gathering botanical specimens, plucked and ate mushrooms which he supposed to be edible. He had previously, during the same afternoon, eaten some sour grapes. They returned to their boarding place and while at the supper table the one who had eaten the mushroom began to be very sick. He had hardly more than time to leave the table when he began to vomit violently, with extreme distress in the epigastrium. The contents of the stomach were fully ejected but the paroxysms of vomiting and distress continued with great severity for three hours, during which he had some cramps in the muscles of the legs, occasional hiccough, skin and extremities cool, respiration twenty per min-

ute, pulse one hundred, and extremely small and weak. After about three hours the bowels began to move, and he had, at intervals of half an hour, two or three copious serous discharges from the alimentary canal. These discharges were sufficient to fill a chamber vessel two-thirds full, were very thin and plainly tinged with blood; yet the pains in the abdomen were not very severe. Each intestinal evacuation was preceded and accompanied by severe cramps in the calves of the legs, and increased feebleness of the circulation, but the nausea and vomiting diminished. About six hours after the commencement of the attack all active evacuations ceased, and the patient began to have some sleep. During the last half of the night his stomach and bowels remained quiet and a moderate febrile reaction took place; yet, there was no stupor, no

abdominal distension, and but little tenderness on pressure. He continued to have some redness and heat of skin, accompanied by moderate fullness of the pulse, slight dilatation of the pupils, dull headache and a sense of giddiness on assuming an erect position, all the next day. These symptoms passed away and he slept well the following night. The stomach exhibited slight morbid sensibility, with a feeling of general weakness for three or four days, when his recovery appeared to be complete.

I saw him in half an hour after the first active symptoms commenced. Learning that he had already vomited enough to fully evacuate the contents of his stomach, and that it had only been about two hours since he ate the *fungus*, I did not deem it necessary to give either emetics or cathartics, but required entire rest in the recumbent position, and to allay the extreme irritation of the gastric mucous membrane, gave him a teaspoonful of the following mixture every half hour.

B    Carbolic Acid cryst. 8grs.  
      Glycerine, ʒ ss.  
      Camph. Tinct. Opii., ʒ ij.  
      Aqua Camph., ʒ ij.  
      Simple syrup, ʒ ss.

Mix.

After the bowels began to move and the pulse became very feeble he was ordered two tablespoonfuls of warm strong coffee between the doses of medicine.

These were all the remedies given, and how far they exerted any influence we leave every reader to judge for himself.

My object in placing this case on record is that it differs in several respects from the majority of cases of mushroom poisoning.

1st. The symptoms of irritation in this case commenced actively in two hours after the *fungus* was eaten, which is much sooner than in most of the cases on record.

2d. The symptoms were more like those of a purely irritant poison, acting directly on the mucous membrane of the stomach and bowels, while in most of the recorded cases symptoms of narcotism, such as stupor, delirium, &c., are prominent symptoms.

Since writing the above case, we learn that only a few days since two boys, at Oak Park, gathered what they supposed to be edible mushrooms, and caused the servant girl to cook them and participate in eating the same. They were all soon taken sick, and one of the boys, named Palmer Kellogg, twelve years of age, died. The other two are in a fair way to recover. We have not learned the particular symptoms exhibited in these cases.

A newspaper, in alluding to these cases, says the boys "picked a lot of *toadstools* thinking they were *mushrooms*." It is proper to state that there is no reliable and easily recognized difference between *toadstools* or poisonous and non-poisonous mushrooms, and the only safe way is to let all these fungi alone.

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TREATMENT OF ERYSIPELAS BY SUBCUTANEOUS INJECTION OF CARBOLIC ACID.—Dr. Aufrecht practiced injections of carbolic acid in doses of 0.60 centigramme in ten cases. Not only were the erysipelatous swelling and redness rapidly dissipated, but the temperature, pulse, and general health were remarkably improved.—*Centralblatt*.

## A MODIFICATION OF THE OBSTETRICAL FORCEPS.

By E. O. F. ROLER, M.D., PROF. OF OBSTETRICS, CHICAGO MED. COLLEGE.

IN obstetrical forceps of any pattern the modification may have reference either to the ease of introduction and adjustment to the head, or to the kinds of force employed in extraction, viz.: traction, leverage and compression.

This last kind of force can be made available only in instruments of considerable strength of blade and with long handles.

The circumstances admitting of its employment, however, occur but rarely. Compression is admissible only in the comparatively rare cases where traction combined with the leverage movement fails to secure the advance of the head. A resort to it always imperils the safety of the child, and the advantages to be gained by such a procedure are so uncertain that most obstetric authorities are averse to recommending it except as a destructive operation. And in order to prevent the possibility of injury in the hands of the unskilled, most forceps are provided either with "short handles," or they are of such moderate length that no great amount of compressing force can be applied in the act of extraction.

Experience of late years has demonstrated the fact that when the biparietal diameter is lessened by compression, a corresponding increase takes place in the long diameters of the head, the increase of the occipitobregmatic being prevented by the resistance of the pelvic walls; in other

words, the head becomes elongated in proportion to the decrease of its transverse diameters.

This process of "moulding of the head," often takes place during the action of the natural forces in cases of disproportion, and when assistance is needed, to carry it to a greater degree, the work can be accomplished more safely by patient traction, and, if need be, aided by leverage, the *vis a fronte* reinforcing simply the *vis a tergo*.

While these facts are generally recognized in the application of the forceps, the varieties in use are, for the most part, of unnecessary strength and weight. The samples of German forceps especially which reach this country are notable for clumsiness in this respect. In the anxiety of their operators to avoid the dangers of compression the handles are made almost too short for convenient grasping, while the strength of the instrument is sufficient to admit of use for cephalotripsy. The same fault, though in a lesser degree, may be urged against most of the forceps in use among the profession in our own country.

Several years ago I had a pair of forceps made of the lightness indicated, with modifications of shape to suit my ideas of convenience in handling, and with but few exceptions have used them with great satisfaction in my cases of assisted labor.

The following cut will give a good idea of their shape.



A brief description is as follows: total length, 14 inches; length of handles, 6 inches, with a gradual pelvic curve of  $2\frac{1}{2}$  inches, beginning near the extremity of the shanks. The breadth of the cephalic portion averages  $1\frac{1}{2}$  inches, and has nearly the same measurement throughout, so that the fenestræ instead of being "kite-shaped," are nearly elliptical, being slightly larger at the outer extremity. When the instrument is closed the distance across the widest part is three inches, the points being separated three-fourths of an inch.

The branches fit loosely in a "button-lock," and the handles are supplied with rings. The total weight is about 13 ounces while that of ordinary forceps of approximate length varies from 18 to 21 ounces.

When applied, the right hand grasping the handles from beneath, with two fingers in the rings, can command the instrument in making traction with the most perfect ease, while the left can be used in assisting it, or, when needed, in supporting the distended perineum.

The advantages to be gained in

forceps of such light construction and of the shape described, are:

1st. Their *lightness*, which adds greatly to the ease and readiness of introduction, and even adjustment, just as a delicate probe is carried to an obscure point in the tissues with more certainty and tact than a heavier one.

2d. The space within the cephalic portion so nearly corresponds to the bi-parietal diameter, averaging  $3\frac{1}{2}$  inches, that no dangerous compression would ensue on firm closure of the handles, allowing at least one-half the difference to be accounted for in the springing of the blades.

3d. The greater curvature of the blades, as compared with Hodges' and most other forceps, secures a firmer grasp upon the head, so that when properly applied slipping is practically impossible.

4th. They can be readily applied without disturbing the patient in the ordinary obstetric position on the back, and thus afford, with but little show of an operation, all the additional force required in the great majority of cases of instrumental labor.

I am under obligations to Mr. E. H. Sargent, instrument dealer in this city, for the finely executed cut accompanying this article, taken from his Catalogue of Instruments. The forceps may be found at his establishment, 785 Wabash avenue.

1105 Indiana av.

BELLADONNA IN GOITRE.—Dr. R. T. Smith reports two cases of exophthalmic goitre, which were relieved and almost cured by the free administration of tincture of belladonna. He considers it possible that relief was given primarily through the heart, the drug acting sedatively hereon.—*Phil. Med. Times*.

## DISLOCATION OF THE ASTRAGALUS.

## CASE IN THE PRACTICE OF DR. ISHAM.

*Reported by Dr. Strout.*

ON Thursday, 13th ult., a man was brought into the office who had been thrown from his wagon by a runaway horse.

Although he was not able to tell how he struck, it was evident that he was precipitated upon his feet, as both heels were torn from his boots.

Upon examination the right foot was found inverted, with the toes depressed, and a well-defined, rounded tumor, in front of the tibio-tarsal articulation, immediately beneath the skin, which proved to be the astragalus, on which could be readily traced its upper non-articulating surface, and also the one which articulates with the scaphoid. An anæsthetic was administered and the leg flexed, so as to re-

lax the tendo achilles, when the bone was pushed back into position with very little force or trouble.

There was also produced, in the other leg, what is commonly designated Pott's fracture.

On visiting the patient next day there was the appearance of a slight slough in the integument, where the bone had pressed forwards, caused by the tension produced.

At the end of a week from the time the accident occurred, the Pott's fracture was dressed in plaster-of-Paris bandage, at which time nearly all the swelling and inflammation had subsided in the other foot, and at the present time (2d inst.), it is progressing favorably.

**Translations.**

## THE THERAPEUTICAL PROPERTIES OF KOUMYS.

*Translated from Le Progres Medical, by Fred. J. Huse, M. D.*

MUCH has recently been said concerning koumys and, in a certain number of cases at least, it seems to have yielded very noticeable results. Whether these happy results will be confirmed by further observations, or whether they should be classed among those coincidences which are too often met with in the experimentation upon new remedies,

remains to be seen; nevertheless it should not be forgotten that although koumys is as yet little known even in France, it has long been employed with success in Russia.

It is well known that koumys is the product of the fermentation of milk, and that the Coumans or Komans, and also the Tartars, who prepare it from mare's milk, make it



at certain seasons of the year their almost exclusive nourishment, while it also constitutes to the present day a large portion of the food of most of the nomadic hordes of Asia. Russian physicians having observed that the tribes who used this fermented milk were completely exempt from certain diseases of the respiratory organs, and especially from phthisis, attributed this precious immunity to koumys, and proceeded to prescribe its use to the tuberculous. The results were highly encouraging, and the employment of koumys in the treatment of phthisis was rapidly extended in Russia and the adjacent countries until one may now find quite a large number of establishments devoted to the manufacture of this substance. In France the first essays in the use of koumys are of very recent date. M. Schuepp made, in 1865, a study of this medicine, which he considered as "wonderful," but his endeavors, as well as those of M. Foussagrives, who also attributed a serious value to it, failed to attract serious attention. During the last few months, however, fresh experiments have been made in several hospitals, at the instigation of Dr. Landowski, and it is to the results of these that we desire to direct attention.

Koumys is a lactescent liquid, of whitish color, with a characteristic odor recalling that of whey, and a taste peculiarly sour and sharp, much resembling that of buttermilk; the carbonic acid which it contains renders it very lively, so much so that it has been termed champagne-milk.

Two principal varieties exist, depending upon the extent of the fermentation. Koumys No. 1, freshly prepared, contains in 1,000 parts:

Lactic acid, 10 to 12; carbonic acid, 7 to 8; alcohol, 15 to 16. No. 2, longer put up: Lactic acid, 13 to 16; carbonic acid, 10 to 12; alcohol, 20 to 24. The carbonic acid and the alcohol vary in quantity in proportion with the percentage of sugar contained in the milk from which the koumys is prepared, hence they usually add a certain quantity of sugar of milk to equal parts of asses' milk and cows' milk, this being the mixture most highly recommended; mares' milk, moreover, is not employed, even in Russia, except at certain seasons of the year.

Concerning the results of the employment of koumys in the hospitals of Paris, we have only the article recently published in the *Bulletin de Therapeutique* by M. Urdy, and the first part of a description just begun by M. Landowski in the *Journal de Therapeutique*.

We find in the latter an interesting quotation from the writings of a monk who visited Tartary in 1233.

After describing the method of preparing the koumys or cosmos, he says: "Tunc gustant illum, et quando est temperate pungitivum, libunt. Curgit enim super linguam sicut vinum asperum bibitur, et postquam homo cessat bibere relinquit saporem super linguam lactis amigdalini, et multum reddit interiora hominis *Jucunda*, et etiam inebriat debilia capita; multam etiam provocat urinam." This description of the immediate effects of the use of koumys is thus confirmed by M. Urdy: "During the first few days there appear the symptoms of excitement that generally belong to all alcoholic beverages; the pulse gains in volume and force while at the same time it

becomes a little less frequent, the face is flushed and the temperature raised. Persons of delicate constitutions sometimes exhibit a slight degree of tipsiness. The secretion of the urine becomes more abundant and its reaction slightly acid. These immediate effects are nearly always present, but they quickly pass away, and at the end of three or four days the toleration is generally found to be completely established. From that time the patient manifests unequivocal signs of improvement. There are three things which one might take as an indication of the salutary action of the koumys, and which have attracted our attention by their frequency: Sleep, though long unknown to the poor consumptive, again becomes possible, the appetite improves, and the weight of the individual increases. This increase amounted, in one case, to 13 pounds in twenty-seven days." This result is very fine, and we are almost tempted to say that it is too fine. However it may prove hereafter, the eight cases of phthisis reported by M. Urdy have experienced an improvement more or less marked, and, in certain cases they have succeeded in arresting vomiting.

Without going into such fanciful theories as those of Schuepp (that koumys was not only a sparkling, acidulous alcoholic milk, but above all a sort of yeast, an organization in the germ of the elements of the connective tissue of which the pathological retrogression constitutes the source and essential elements of tuberculosis), one can easily understand these results when he calls up the chemical constitution of koumys, and also comprehend the improve-

ment observed by M. Urdy in a case of chronic albuminuria. It is, indeed, in these two conditions, phthisis and dropsy, that koumys has been administered, and although we repeat that the published results are still too scanty to authorize formal conclusions, it may yet be proper to admit that while koumys may not constitute a specific for phthisis, it is none the less a very valuable medicine. We ought to add that we saw very excellent results at the Hospital Lariboisiere in 1872 from the use of raw meat and alcohol, and the remembrance of these facts would lead us to believe all the good that is reported of koumys if we did not know that in such cases it is always necessary to make certain allowances.

#### RECENT CHEMICAL ANALYSIS OF KOUMYS.

In 1,000 parts ;	NO. 1.	NO. 2.
Casein, Albumen.....	20	20
Fatty matter.....	8.5	8.5
Lactine.....	40	23
Lactic acid.....	7	8.5
Carbonic acid.....	6.5	1.3
Alcohol.....	2.2	30
Salts (phosphates and chlorates).....	6	6

**ACTION OF ERGOT ON THE INFANT.**  
—Dr. E. R. Herschel, in the *New York Medical Record*, says a newborn infant, by accident, received half a teaspoonful (thirty drops) of Squibb's fluid extract of ergot. Efforts to vomit by the infant failed. In an hour it was seized with severe abdominal pains, recurring every fifteen minutes, and lasting about one minute. Slight tetanic contractions of the face and extremities were present, and four hours subsequently a diarrhœa set in. All the symptoms yielded to hot baths in twelve hours, though for two weeks there was a tendency to diarrhœa. This supports the opinion that ergot does not cause the death of the child during labor.

## Society Reports.

### CHICAGO MEDICAL SOCIETY.

MEETING OF AUGUST 17TH.

*Dr. Graham, Reporter Pro Tem.*

THE President, Dr. Quine in the chair. Dr. Stillians presented a specimen of intestine, showing intussusception of the colon at five different points, three of which were well marked. The patient was a boy five years old. The only symptoms at first were constipation and pretty severe colicky pains, for which anodyne and cathartic enemata were given. There was afterward considerable flatulence, and a tender point was discovered below and to the right of the umbilicus. A very small quantity of fæces was found, at two or three different times, after giving the injections. During the second day the skin became hot and the pulse rapid and feeble, which symptoms continued and became more prominent—death ensuing that night.

In answer to a question the Dr. stated that there had not been any vomiting, or discharge of blood from the bowels.

Dr. Dyas said it was very unusual not to have these symptoms, and that there was generally a tumor on right side. Death was often caused by the shock to the system, without any symptoms of inflammation being present. Purgatives should not be given in such cases, but enemata of simple water and opiates should be chiefly relied on.

D. A. H. Foster next read the report of a case of hydrophobia.

On motion the discussion of this paper was deferred till the next meeting.

Dr. H. M. Lyman read the report of his observations on three cases of *Diabetes Mellitus* occurring in the County Hospital during his term of service:

*Diabetes Mellitus.* Three cases of this disease were under treatment. One died; another left the hospital after remaining three months under treatment; the third was still in the house at the close of my term of service. He was a man in middle life, whose case presented no unusual symptoms. The boy who left us was of Swedish parentage, aet. 17 years; admitted to the hospital April 18th, 1874. Had never noticed any failure of health till about March 1st, when he began to experience great thirst, dryness of the skin, frequent and copious urination, dull aching in the legs, progressive weakness, a ravenous appetite, and some indistinctness of vision. On admission, his pulse, temperature and respiration were normal, but the skin was dry and desquamating, and his tongue was red and dry in the centre. During the first twenty-four hours after admission the patient voided twelve pints of urine,



(sp. gr. 1032) which gave a decidedly saccharine reaction, with Sehling's test. He was ordered the most nitrogenous diet which our somewhat limited resources could supply; was douched with cold water every morning, and took, once every four hours, a scruple of bromide of potassium, with an equal quantity of chlorate of potassium. He had ten grains of Dover's powder every night.

April 24th. Voided seventeen pints and a half.

This quantity gradually diminished till May 3d, when it was only nine pints. At this point it remained stationary until May 12th, when the treatment was changed in order to make trial of a recent German theory of the disease, and the patient took nothing but five grains of carbolic acid three times daily. This treatment proved unsuccessful, for the quantity of urine rapidly increased. May 22d it was fourteen pints; June 1st, sixteen pints; June 16th, eighteen pints. Medicine now seemed to exercise very little control over the disease; but when the uncommonly hot weather in July began to stimulate the functions of the skin, the urinary discharge was rapidly diminished; and when the patient left the hospital, July 18th, he voided only six pints *per diem*. In every other particular, however, his condition was unchanged.

The diabetic patient who died under treatment was an Irish laborer, *act.* 22 years; admitted to the hospital Feb. 11th, 1874. For about six months he had been losing flesh and strength. Had experienced a slight tracheal irritation, but did not actually begin to cough till three weeks before entering the hospital. On admission he was very much emaciated,

his face was flushed, skin harsh and dry, tongue clean, appetite good, bowels costive, urine copious (sp. gr. 1020) and saccharine. A slight cough attracted attention to his lungs,—respiration was largely abdominal, and the respiratory sounds were exaggerated. He was ordered to take cod-liver oil, with citrate of iron and quinine. The quantity of urine gradually diminished from fifteen pints per diem till May 5th, when it was only eight pints. He was now ordered to take carbolic acid instead of iron and quinine, but no benefit was derived from the change. As the weather grew warm he voided less water; but his disease progressed, and he died July 14th. *Autopsy* thirty hours after death. Extreme dryness of all the tissues was remarked. The brain was very anæmic, but otherwise healthy. The condition of the left lung was normal, but the lower lobe of the right lung was tubercular and contained several suppurating cavities. The liver and spleen were of the usual weight, but were filled with masses of tubercle, which had in several places degenerated into tubercular abscesses. A similar abscess, as large as a pea, was found upon the greater convexity of the left kidney. The other viscera presented no unusual appearance.

Dr. J. S. Knox gave the details of a case of uterine disease, in which there was sloughing of the entire cervix uteri. The patient had been under treatment for twenty-seven years, by many different physicians. Had submitted to leechings, scarifications, cautery, fomentations, douches, paintings with iodine and chromic acid, and had tried "pessaries enough to support the womb of time through all eternity." She came under the

Dr.'s care by applying for re-adjustment of a Hodge pessary, which she had worn for a long time, which was removed on account of the inflammation to which it seemed to have given rise, and emollient treatment was pursued several weeks, when the sloughing of the cervix took place. The rapid healing of the stump, and the absence of every sign or symptom which would cause a suspicion of malignant disease, led the Dr. to conclude that the sloughing was the result of diminished vascularity and vitality, due to the many recurring inflammations, and the abundant treatment of previous years.

Dr. W. E. Clark exhibited the sack of an ovarian tumor, which weighed

fifty pounds, which he had removed that afternoon—both ovaries were diseased, and there was also a fibroid tumor of the uterus.

A motion was made and passed, after considerable discussion, to appoint a committee to co-operate with similar committees from the Society of Physicians and Surgeons, and the College of Pharmacy, in considering the relations of physicians and pharmacists, and to consider and report any measures thought necessary to check the prescribing of proprietary medicines. Drs. C. W. Earle, A. H. Foster, and S. C. Stillians, were appointed such committee.

On motion society adjourned.

## TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

SPECIAL MEETING, SEPTEMBER 2, 1874.

*Reported by Ralph E. Starkweather, M.D.*

THE President, Dr. John Bartlett, in the chair. The meeting had been called by request of several members, in order that the society might hear Dr. Ely M'Clellan, Assistant Surgeon of the U. S. army, speak informally upon the cholera epidemic of 1873. He said that in 1873, Pelikan, and other Russian sanitarians, startled the medical world by declaring that cholera had become endemic in Russia. Recently, Dr. Radcliffe, at a meeting of the British Medical Association, demonstrated the error of these conclusions. He then pointed out upon the map the two lines of travel from India to Europe. The north Persian, the route by way of Jel-

alabad, Herut, Meschid to Asterabad, upon the Caspian sea, across to Baku, thence overland to Tiflis and to Poti, upon the Black sea.

Secondly, the Red sea route, from India, by way of Bombay, down the river Indus to Kurrachee, thence up the Persian gulf via Shiraz and Ispahan to Teheran, the junction of the north and south Persian routes. Kiev, the holy city of Russia, is located on the river Dnieper, and is visited annually by thousands of pilgrims. In 1869 the cholera spread from Kiev, down the river Dnieper to Odessa. It arrived (1870), on the Baltic sea, by the rivers Niemen and Vistula, which are connected with the Dnieper by a

series of canals. In 1871 cholera prevailed in Prussia and Austria; in 1872 Austria, Prussia, Italy, France and Holland; in 1873 in Great Britain; in 1873, too, cholera entered New Orleans, from Europe, no less than seventy-three vessels having arrived from infected ports.

The history of an initial case, in May, 1873, was then given, with great clearness and rapidity, of an Ohioan, sick with the cholera on a river steamer, bound from New Orleans to Cincinnati. He died before reaching Memphis, at which place his remains, as well as his garments and soiled clothes, were taken ashore, the body put into a casket and forwarded to his home. The German woman who washed the body died from cholera two days afterward. From these two cases the epidemic originated, and from no others.

Near this city various public works were in progress, canals and railroads. It was in this city (Memphis), that the great outbreak or explosion of cholera took place, (it was not the first point of infection, however,) from which in all directions the disease was carried. The various lines of railroads in the state of Kentucky were pointed out as having numerous towns into which cholera had been brought by commercial travelers, by negroes, or by infected clothing. Then, various counties of Kentucky were mentioned as having peculiarities of the epidemic, due to the remoteness from lines of travel, or to streams of water, or good general hygienic condition. It was in Adair county that the cholera was most malignant, of the counties of that state (Kentucky), especially in the town of Columbia, where, in the rear of a livery stable there was a

privy vault, full of the most foul putridity; the ground adjoining it was saturated with the fluid from this pest-hole. The proprietor of the stable rejected all attempts made to have it cleaned. Late in August a negro who had cholera used this privy; from this point of origin, twenty-six persons lost their lives from cholera.

Reference was then made to the Marion county (Ky.) Fair, the Doctor explaining how universal is the custom among the people of attending these gatherings, and said that the Fair held in August of 1873 proved a most disastrous means of general dissemination of cholera through that and all the adjacent counties. He was understood to say that it was in one of the patients who took cholera at this time and place, that there was complete *retention of urine for five and one-half days*, with subsequent recovery.

The depressing influences of a panic were forcibly and vividly illustrated by the cases in Garrard county, Ky. In 1836 there had been a devastating epidemic of cholera in that county, and from that time the people had handed down stories of its ravages and sorrowful scenes. When, therefore, after combating the disease in 1873 as being cholera morbus, it was declared to be Asiatic cholera, the consternation and panic became overwhelming, and the disease very virulent and fatal.

A graceful tribute was paid to the authorities of Lancaster, Garrard county, Ky., for that which had seldom been done elsewhere, namely, paying the physicians who labored to subdue the disease. They also disinfected the districts, and took care of the poor at the public expense. Doctor M'Clellan said that he was

anxious to obtain the records of the epidemic in the direct line of the disease; he had no desire to be *ex parte*, or to support or advance any theories, but simply to secure facts. He wished physicians would record their cases, and would be glad to have them give him notes of any, stating the details as minutely as possible, such as the sex, age, color, condition in life, date of attack, date of recovery, date of death, remarks and treatment.

As to the pathology and treatment of cholera, little was said, for lack of time. It was considered to have three stages. The first was the premonitory painless diarrhœa. Cholera is the only malignant disease amenable to treatment in its first stage; this should be promptly treated, else, if it go beyond, the patient is where no human power can help him. In 1873 there was cholera in Mississippi, Alabama, Georgia, Missouri, Kentucky, Arkansas, Ohio, Illinois, Dakota, Minnesota, and, for the first time, it went to the Rocky Mountains. It was most severe in Mississippi, Kentucky, Illinois, and eastern Tennessee.

Dr. Hay said he was glad to have heard these outlines of the progress of cholera; it had modified his opinion; he had been disposed to doubt whether it had truly been the cholera. The information Doctor M'Clellan had given him and allowed him to examine, had removed all his doubts entirely. He could render no more effective service to the profession than the collection of data, such as have been partially given here to-night. In the problem of epidemics there are three essential factors: *First*. The existence of a specific poison, not marsh miasmata, or not it alone.

*Second*. Atmospheric and telluric conditions that could be transported or propagated. *Third*. A condition of the individual human system favorable to the reception and development of the poison; if either factor be absent, the problem fails.

We may justly look forward to important results from the work now in progress under the direction of the Doctor.

Dr. Hay moved a vote of thanks of this society be given to Doctor M'Clellan, for the able remarks he has kindly given us this evening. The same was carried with hearty approval.

Dr. I. N. Danforth. Those who have listened attentively must have been convinced of the existence of specific disease germs; they can be traced man by man, from well to well, drain to drain. The Government had certainly assigned the right man to the right place.

Dr. M'Clellan said that he could say one thing, that of all the reports he had yet received, the report of the Board of Health of Chicago was the most comprehensive of any; the facts were clear and to the point, and would give him great assistance; its Microscopical report, by Dr. Danforth, was the only one he had yet found.

Dr. Owens adverted to the fact that this society had appointed a committee last year to study the disease. The Sanitary Superintendent was present and said that the first case of cholera in Chicago, in 1873, occurred on May 24th, at No. 444 Arnold street, in the person of John McFee, a bridge-builder, who had been working near Memphis, and left on account

of the cholera. When he arrived in Chicago he had diarrhœa, which remained unchecked, and after a week

or ten days developed choleraic symptoms, and proved fatal.

The Society adjourned.

### BRITISH MEDICAL ASSOCIATION.

*From the Philadelphia Medical and Surgical Reporter.*

NORWICH, Tuesday Evening, }  
August 11. }

The British Medical Association commenced its forty-second annual meeting to-day. The proceedings commenced with a special service in the Cathedral, the preacher being the Rev. Canon Heaviside. In the afternoon a council meeting was held, and this evening the inaugural general meeting was held, when the retiring President, Sir William Fergusson, resigned the chair to the President elect, Dr. Edward Copeman.

The President elect, in his inaugural address, recalled the fact that the celebrated Sir Thomas Browne was a Norwich physician; that the eccentric Dr. Messenger Monsey was the son of a Norfolk clergyman, and well known as Sir Robert Walpole's Norfolk doctor; that one of the Aldersons practiced in Norfolk as a physician; that Dr. John Kaye, or Caius, of Cambridge notoriety, was born at Norwich, in 1510; and that the late Mr. Martineau was surgeon to the Norfolk and Norwich Hospital for many years, and was regarded as one of the greatest lithotomists of his day. He might add the names of Rigby, Dalrymple, Lubbock, and Crosse, the last having been one of the foremost of provincial surgeons, and one of the founders of the British Medical Association. Norwich had a noble provincial hospital, more than one hundred years old, containing a museum in which were displayed all the stones removed by operation since its foundation, as well as many unique specimens of morbid anatomy.

WEDNESDAY, Aug. 12.

The British Medical Association continued its proceedings to-day, an address on "Medicine" being delivered by Dr. J. Russell Reynolds, Professor of Medicine in University College, and Physician to University College Hospital. Dr. Reynolds argued that if we would know the present condition of medicine and pathology, we must see whence it had come and whither it was tending. It was not his intention to attempt to furnish an account of the details of recent scientific works on medicine, but rather, by an examination of our past and present relations to four great propositions, or, if he might use the term, articles of creed, to show how they had affected our modes of investigation in the past, how they are governing or guiding our labors now, and what were the results which we saw coming from the now-existing and prevailing tendencies of thought. The four articles of creed to which he referred as influencing for good and for evil the progress of scientific pathology, were a belief, first, in life; secondly, in man; thirdly, in individuality; and, fourthly, in the specific character of disease. By losing sight of or underrating the great primary fact of life, we deprive ourselves of the information to be gained from a study of subjective symptoms, we often misdirected our therapeutic efforts, by eliciting vital action rather than conserving vital force, and we lost sight of many of the most important causes of disease. By failing to see the specialty of the nature of man, we underrated or ignored much of the etiology of human suf-



fering, we were often misled by the results of observations upon animals, and we were in danger of misinterpreting the facts of the most serious maladies which might afflict our fellow-creatures. By disregarding the individuality of man, we were in danger of again, and in another way, losing a due appreciation of the causation of disease, and of overrating the value of statistics, and of being led away by their apparent precision, which existed only with regard to masses. By an unsound application of the idea of the specificity of disease, we might, on the one hand, sweep away distinctions which were facts of pathology, and, on the other hand, lay down lines of demarcation which were unreal. It was, he thought, obvious that the science of medicine was in a state of change, as well as of progress. It had not yet arrived at the degree of exactness which might be found in the simpler sciences; but those who were devoting themselves to its pursuit were pressing toward that end, and each was endeavoring so to throw his mite into the treasury of knowledge that a scientific ordination of the facts of pathology might hereafter be a possibility. But the facts were so diverse in kind, so varied in appearance, and so bewildering in their complexity of form, that we must wait, and, perhaps, wait long for their due arrangement. A true science of pathology could not be until the knowledge of all individual workers was the common property of all. In the meantime, we must learn to labor and to wait; and we must, least of all, commit ourselves to any one particular school or line of thought, but rather cultivate that habit of mind which had "a look southward, and was open to the whole noon of nature." In our recognition of the specialty of disease we had carefully to examine the nature and the sources whence they came, of all the contaminations by which the stream of life might be damaged or defiled. They might be puzzling, hard to separate, and still harder to trace to their source; they might be complicated

in their effects, and so mixed together that again and again we might be baffled in our attempts at their analysis; but what we wanted was work, not on any preconceived theory, but work which should faithfully follow onward and trace backward the line of sequence of events, and eventually yield, as it had done before, a real knowledge of the facts we wished to know. Again, with regard to the individuality of man, we must strive to show whence each life had come, the nature of its source, the conditions of its youth, the struggles of its onward progress, the valleys through which it had passed, and the rocks it had to "overleap or rend." We might be often perplexed in our attempt to solve the problem which it presented, but we must accept the facts of their existence and of their variety. We must know all that made up individual life if we would understand its ills. We must go back to its source, and look around at all through which it had had to pass or work its way, if we would know how to understand or arrest the troubles it might meet. Again, with regard to man, it was not until we recognized in him his true relation to the world which lay around him that we should duly understand his sorrows, or whence they came, in such a way as to prevent them or relieve them when they were thickly hedging him about. Lastly, we must duly appreciate the great fact of life, the mystery of mysteries, which underlay all our knowing, and overarched us sometimes with light, sometimes with impenetrable gloom. When we tried to realize it, we seemed to be on the surface of a boundless ocean; above us the sky, now dark with cloud and rent by storm, now lit with sunbeams or trembling with the pale light of stars, beneath us a mighty deep, with its unknown treasures, mysterious currents, and "sense of unfathomable danger." Sometimes we saw the land, and pressed toward it, but again the night came down, the horizon line was lost. We were poised between two worlds, and although we might strain our eyes to see and our

ears to hear, we might find no token to tell us of the points in which they met, no glimmer of the unseen things which severed them. But let us thank God that we were not left alone, and that in such darkness there often arose light.

The address was frequently applauded, and on the motion of Professor Hughes Bennett, a unanimous vote of thanks was tendered to Dr. Reynolds. Professor Bennett observed that the occupation of the medical man and physiologist was to determine the laws which governed vital properties. This task presented enormous difficulties, and how were they to be overcome? He contended that medical men were justified in making use of the inferior animals, with a view to the solution of the problem. He considered that many existing difficulties and mysteries might be overcome with work, if workers were found, and if those workers were properly remunerated. Dr. Bateman seconded the vote of thanks. It was agreed that the summer meeting of the Association should be held in Edinburgh, and Sir R. Christison was elected President for 1875.

In the Public Medicine Section, over which Mr. W. H. Michael presided, Dr. Rogers, as President of the Poor Law Medical Officers' Association, made a statement to show that where medical relief was stinted the general expenditure on Poor Law relief was heavy.

Dr. Beverley read a lengthened paper on Hospital Hygiene, illustrated by reference to the Norfolk and Norwich Hospital.

A vote of thanks was accorded to Sir W. Fergusson, the retiring President, for his services during the past year, and he was unanimously elected Vice-President for life.

A report was presented from the Council, which stated that the Association now numbered between 5,000 and 6,000 members, and its financial condition was also satisfactory. The income from all sources last year was £8,511, and the debt of the Association was reduced to £212, with a pros-

pect of total extinction this year. Under these circumstances the Council proposed that £200 should be granted in aid of researches in medicine and allied sciences. The Council stated that an invitation had been received that the next country meeting of the Association should be held in Edinburgh. After some discussion, the report was adopted, and Mr. F. Fowkes was re-elected Secretary for 1874-5. The meeting was then adjourned to Thursday.

In the evening there was a *soiree* in St. Andrew's Hall.

#### THURSDAY, Aug. 13.

This morning the British Medical Association resumed its sittings, when an address on Surgery was given by Mr. W. Cadge, F. R. C. S. Surgeon to the Norfolk and Norwich Hospital. Mr. Cadge observed that the novelties of surgical practice introduced during the last year or two were scarcely important enough to constitute a theme. They were chiefly comprised in Esmark's bloodless system of operating and Dittel's elastic ligature. Concerning these, he would only say that the first was not a novelty, having been practiced by one of the members of the Association many years since; the second was, in his opinion, more curious than useful, and not worthy a place either in the records or the practice of surgery. There was one great subject which, if not exactly a novelty, was of recent time, and was still waiting for a solution, both as to its facts and as to the theories held to account for its facts—he meant the germ theory of putrefaction and antiseptic surgery. This subject he considered of surpassing importance and interest. Underlying, if not undermining much of the existing fabric of surgical pathology and practice, it could not be too often brought to the bar of professional criticism, for on its right solution, whether it was true or not, depended a multitude of points in daily practice, and even, probably, the lives of many of our fellow-creatures. The remainder of

Mr. Cadge's paper was devoted to an elaborate examination of stone diseases, which occasions an annual mortality at the rate of one in 42,744 of the population in Norfolk, as compared with one in 425,525 in Cheshire. Incidentally alluding to the importance of milk for the support of young children, Mr. Cadge observed that it would be a glorious result of statecraft if—instead of the futile wrangling over the sale of fermented liquors, which had wrecked one powerful government, and, by the disappointment of greedy expectants, had gone far to sap the popularity of its successor—by some equitable enactment, those who possessed and occupied the land should be held responsible for the production in sufficient abundance for the wants of the poor of that which was now a costly luxury, but which nature pointed out to be the chief—he might say the only—need of early childhood. The local influences which contributed to renal and vesical calculus in Norfolk were, Mr. Cadge thought, the universal consumption of malt liquor, the constant daily use of exceedingly hard drinking water, and the accumulated effect of hereditary predisposition.

A cordial vote of thanks was accorded to Mr. Cadge for his address.

Professor Hughes Bennett made a statement as to the antagonism of medicines—hydrate of chloral and strychnia, sulphate of atropia and calabar bean, hydrate of chloral and calabar bean, sulphate of atropia and meconate of morphia, meconate of morphia and infusion of tea, meconate of morphia and theine, meconate of morphia and caffeine, meconate of morphia and quinine, meconate of morphia and infusion of coffee, extract of calabar bean and strychnia, hydrate of bromal and atropia, etc. The statement was received with much attention and elicited a hearty vote of thanks.

Approval was given to measures taken for the incorporation of the Association under the Companies Acts, 1862 and 1867.

Sir James Paget delivered an able

address yesterday afternoon, as President of the Surgery Section. He observed that in the present day we overvalued the blood, and estimated too cautiously the loss of it. There were few persons in the room who might not be bled to fainting and tomorrow be almost unconscious of it; perhaps in this week of hospitalities they might even be the better for it. [A laugh.] Referring to the use of mercury, Sir James observed that in his youth mercury was largely administered. It probably did good in a large number of cases of which the real nature was not at the time discerned, and in a large proportion of the chronic diseases of internal organs which we now assigned to syphilis. Years ago there was no suspicion that syphilis affected any but external parts. We knew now a multitude of syphilitic affections of the liver, of the lungs, of the spleen, and many more still of the nervous system, which formerly were vaguely put down to chronic inflammation of unknown origin, or to tumors, thickenings, and productions of substances which needed to be absorbed. At the present time we were rather apt to think that pathology should be the guide of therapeutics, while there was a large number of cases in which therapeutics should rather be the guide of pathology. The fact that a medicine cured a given disease was as much a fact, and quite as significant a one as the employment of a chemical test for discerning the nature of a solution. It could be repeated from time to time, and with the same results. There was hardly anything in the chemistry of complex bodies more sure than that quinine cured ague and a large number of periodic diseases. As with quinine, so with mercury. If in his youth the value of therapeutic tests for indicating disease had been fairly estimated, we should have come many years sooner than we did to a knowledge of the syphilitic nature of a large number of internal chronic diseases. We were, he believed, too much under the guidance of what might be justly

called inferential therapeutics. Because we knew something of pathology, we might, therefore, proceed at once from pathology to the knowledge of the remedies of disease. It was a fair method of study if it were not carried to excess, but it should be studied side by side with the other fact, that therapeutics might just as fairly be a guide to pathologic knowledge.

In the Public Medicine Section, today, Mr. W. H. Michael again presided. A discussion arose on a paper read by Dr. Beverley on the preceding day on hospital hygiene, with especial reference to the Norfolk and Norwich Hospital, in which a large amount of pyæmia has prevailed lately. Dr. Beverley recommended the construction of a series of single-storied buildings for the reception of such patients, care being taken to secure thorough ventilation.

Mr. Sympton, of Lincoln, made a statement as to defects in the Lincoln County Hospital, where pyæmia and erysipelas had also prevailed to some extent, the ventilation being imperfect. North winds were found to be injurious, but it was not the same with east winds, as Dr. Rumsey had feared to be the case in a London hospital.

Dr. Druitt expressed his opinion that when once a hospital became infected, the best course was to pull it down.

Mr. Barwell observed that the economic aspect of the question must be considered. In the case of the Norfolk and Norwich Hospital he attributed present difficulties to injudicious additions to the original building. There ought to be no place in a hospital where air could stagnate, and the staircase ought not to be in the body of the building.

Dr. Falconer observed that it was a mistake to speak of air as if it were under our perfect control. Air could not be driven about as we liked. At the same time every facility should be given for the ingress and egress of air from a dwelling. An attack of erysipelas had broken out in St. George's Hospital. Washing was stopped in

the hospital, and the disease disappeared. He thought it was possible to have movable roofs to hospitals; these roofs might be periodically raised, and a thorough ventilation secured. By such a system as this it would not be necessary to pull down old hospitals, although they had a tendency to become contaminated.

Mr. C. B. Fox said the walls of old hospitals had a tendency to become saturated with organic matter. Had any measures been adopted to remove this organic matter at Lincoln or Norwich?

Dr. Copeman said he remembered a very serious outbreak of erysipelas in the Norfolk and Norwich Hospital, before recent additions to the hospital were made. So severe was this outbreak, that operations were suspended for a time. Afterwards there was a remarkable immunity from erysipelas in the hospital. One roof in the hospital had been found to contain a large quantity of impure air.

Mr. Hutchinson remarked that at Leeds a splendid new hospital had produced a large amount of pyæmia. Care in dressing wounds and isolation of contagious cases had been found to be productive of the best results. Erysipelas often originated *de novo*. He believed also that pyæmia originated from local contagion rather than from the air.

Dr. Fussell deprecated pupils or surgeons passing from fever wards to accident wards, or from post-mortem examinations to accident wards.

Dr. Beverley replied. He stated that measures were being adopted to cleanse one of the walls of the Norfolk and Norwich Hospital. The question of economy must of course be considered, but still human life must not be sacrificed, and it would be better to have a small and thoroughly efficient hospital, than a large and inefficient one. Some other points having been noticed by Dr. Beverley, the discussion closed.

Dr. C. J. Fox read a paper "On Water Analysis; as it should and should not be performed by the Medical Officers of Health." Dr. Fox ob-



served that the elementary principles upon which the greater part of the work of the Medical Officer of Health was based might be said to be the prevention of water pollution and of air pollution with the products of decomposing filth. The examination of drinking water formed a very important portion of his duty in his crusade against preventable disease. The most rough and ready way which has been employed for ascertaining whether or not water was polluted with organic matter was to partly fill a clear bottle with a sample of it, and having violently shaken the same, to take a hearty sniff at the air of the bottle which had been agitated in the water. If the air smelt sweet and fresh, the absence of an injurious amount of organic matter was inferred, and *vice versa*. It should be borne in mind that the existence of an unpleasant odor or taste about the water from a well sunk through certain kinds of clay was no proof of the pollution of water with organic matter. Water, if allowed to remain long in contact with certain kinds of clay, acquired such an objectionable smell as to be at times quite undrinkable, and yet might not at the same time contain an amount of organic matter which would warrant its condemnation. A well of this kind could be made to furnish excellent water by the frequent withdrawal of its contents, or, if that was not practicable, by the filling up of the dug portion of the well, and by drawing the supply solely from the bore pipe. Dr. Fox, in closing a paper of considerable length, said his object in bringing the subject of water analysis before the Association, which numbered among its members so many Medical Officers of Health, was the hope that some uniform plan of examination might be adopted by all.

Mr. A. Haviland made some observations on the geographical distribution of disease within the area of the counties of Northampton, Leicester, Rutland, and Bucks. He expressed an opinion that typhoid fever was contagious, although he knew that it

was a moot point. Consumption prevailed to a great extent in the valley of the Nene, especially among women, who lived less out of doors than men. Every Northampton shoemaker was fond of poaching and country life, but the poor women remained at home. He complained that one medical man had returned scarlet fever as sore throat, and that the fever had spread in consequence. He thought strict accuracy was essential in all such matters.

After a short discussion, the section adjourned.

The usual public dinner was held in the evening, in St. Andrew's Hall. The chair was occupied by Dr. Copeman. There were about 300 guests, and the hall presented a brilliant appearance. The Duke of Connaught could not be present, in consequence of other engagements. It was suggested that next year there should be a section for military and naval surgery.

#### FRIDAY, August 14.

This morning the British Medical Association continued its sittings. An address in obstetric medicine was delivered by Dr. J. Matthews Duncan, physician to the Royal Maternity Hospital, and Lecturer on Midwifery in the School of Medicine, Edinburgh.

In the Public Medicine Section, Dr. Drysdale, senior physician to the Metropolitan Free Hospital, and physician to the North London Consumption Hospital, submitted a paper on the influence of tobacco on public health. Dr. Drysdale observed that in the midst of all cheering signs of the march of scientific civilization, it was curious to remark that the custom of tobacco-smoking became every year more prevalent. He did not think that alcoholic intoxication was so prevalent as it used to be, although it was still terribly prevalent; but he expected no one to doubt his assertion that tobacco was becoming much more extensively consumed, and that even by the highest classes. Quite recently the leading medical journal, edited as it was by writers of great lit-



erary merit as well as great professional eminence, recommended the use of tobacco as a necessary for our troops on foreign service, thus classing it with the hygienic remedies useful in malarious and tropical districts. He therefore almost feared that any one accusing tobacco of doing any harm to the public health might not possibly run the risk of being charged with the madness of the great Spanish hero of Cervantes, and be reputed as running a tilt against windmills. He had seen, however, in the course of his life, so many cases of disease, which he, rightly or wrongly, had attributed to the use of tobacco, that he felt it his duty to say a word on the negative side of the question. It was not above a month or two since that he saw, in the course of one week, two cases of complete blindness, accompanied by atrophy of the optic disc, in men, entirely due, he was sure, to the use of tobacco. One of these patients was of the age of twenty-seven, and had been a most extensive smoker for some six years, consuming, he said, an ounce of Virginia tobacco daily. The other unfortunate young man was only twenty-four years old, and he had been in the habit of chewing constantly as well as smoking. His amaurosis was quite similar in character with that of the other patient. Affections of the gums and tongue were very frequently seen in old smokers. The tongue looked as if it had been painted with a solution of nitrate of silver in some cases; in others there was lividity of the gums and great duskiness of the fauces. Among the poorer classes tobacco-smoking and chewing often made a man's mouth a deplorable spectacle. Dyspepsia and diarrhoea were more frequently caused by smoking than many believed, and Sir W. Jenner used to say, and he (Dr. Drysdale) thought with truth, that the use of tobacco disposed to palpitation of the heart, prolapse of the rectum, etc. Whatever might be thought of this view, he could cordially subscribe to the opinion which ascribed to tobacco many of the cases of *malaise* and cachexia

of men who would otherwise be in excellent health. Tobacco-smoking had left the tap-room, and now even the Throne itself was not destitute of the smell of tobacco. Were the modern Turks or Germans to go on smoking from morning till night, as they did, and consuming Virginia tobacco or Cavendish as we did in England, they would indeed present a deplorable spectacle of public want of stamina. Fortunately, however, German and Turkish tobacco was almost devoid of noxious properties. In Russia, Turkey, and some other nations, women had already begun to invade the smoker's domain, which in England they had at present left unexplored, to the great satisfaction of all who valued good complexions in their countrywomen. In Russia elderly ladies asked smokers for a light for their cigarettes or cigars, and taught their daughters to blacken their teeth and injure the purity of their breath by inhaling the fumes of the burning weed. He could not help thinking, with the physicians of more primitive times, that simple diet, with absence from stimulants and narcotics, would, to the end of all time, be found the greatest friends to virtue, beauty, and good health. Railway traveling, always so uninviting, was now rendered much more so by the stale smell of tobacco smoke. The whole of Europe, it had been remarked by Professor Mantejezza, was fast being turned into a cigar divan; and it became every day more difficult for a male of average strength of mind to assert his liberty to refrain from tobacco if he went into society at all. He (Dr. Drysdale) thought, then, that it was time for such practitioners of the healing art as had anything to say about tobacco, to speak out. For his part he charged tobacco with causing blindness, palpitation of the heart, paralysis, diarrhoea, and diseases of the teeth and mucous membrane of the mouth and tongue. He alleged that it was a foe to cleanliness and good manners. He knew that it was injurious to workers in tobacco factories, and he therefore contended

that it was not a true luxury, and never a necessary. Tobacco might be used for the treatment of asthma, but to admit tobacco-smoking, chewing, and snuffing, into the list of the luxuries of a refined and wealthy age, was, in his opinion, a violation of the laws of public hygiene.

The President (Dr. Bateman, of Norwich,) said he thought the question of sewage was not merely one of local interest, but of imperial interest. In Norwich the citizens had been experimenting at heavy cost in the matter of sewage and irrigation, and they would still have to expend a further sum, and at the same time take a leap in the dark. In Norwich the rate-payers were, in fact, in the position of pioneers who were spending a large amount of money for the benefit of others.

The section then adjourned.

The concluding general meeting was held this afternoon; Dr. Copeman presiding. A discussion arose upon a report presented by a committee upon

qualification and state medicine. Dr. Rumsey proposed that the question should be referred to Dr. Lyon Playfair, M. P., Mr. G. W. Hastings, and the Rev. Professor Haughton, of Dublin. The report was received, with power to the committee to adopt the suggestion of Dr. Rumsey. A grant in-aid committee was appointed to carry out a recommendation that £200 should be voted for scientific researches. Thanks were voted to the East Anglian Branch of the Association and the local members of the medical profession, for their reception of the Association. Sundry other votes of thanks were accorded to the Mayor and Corporation of Norwich, to Mr. J. J. Colman, M. P., to Lady Lothian, Lady Crossley, and other ladies and gentlemen, for courtesies extended to the association. A cordial vote of thanks was also given to the president, Dr. Copeman.

The proceedings then terminated, although sundry excursions have been arranged to places and scenes of local interest.

## Gleanings from Our Exchanges.

### PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

By TILBURY FOX, M.D., LOND., F.R.C.P.

*From the London Lancet, Sept., 1874.*

#### SYPHILITIC TUBERCLES ABOUT THE NOSE.

I HAVE seen strange mistakes made in regard to the nature of specific indurations or tubercular formations about the nose. The occurrence of syphilitic inflammation or infiltrations in circumscribed spots about the nose, constituting the sole syphilitic cutaneous manifestation present, is not uncommon. The favorite seat of these infiltrations is the

hollow formed by the junction of the ala of the nose with the cheek. These formations may be as small as, and even smaller than, a split pea, or as large as an almond or larger. There may be one or several. Generally speaking there are one or two packed together. In some cases the nose about its tip or side, or in both situations, appears enlarged from excessive tissue; whilst it is at the same time redder and hotter than usual, and distinctly indurated to the touch.

More rarely the general enlargement of the nose is excessive. The tubercles, or the more general enlargement, may be the seat of ulceration or crusting. No such condition as the last described could be the result of simple inflammation. The syphilitic disease begins and progresses slowly and indolently; and the enlargement is due to the formation of a fleshy-like mass, firm and reddish—a neoplasm in fact. The neoplasm in the form of a tubercle or a more diffused infiltration is firm, not very vascular; it *tends* to crust freely and to ulcerate—characters that bespeak its syphilitic nature. The lupus neoplasm is softer, more vascular, gelatinous-looking, and, if small, does not crust, except in strumous subjects, but is covered by thin scales, which are closely adherent; and, further, the tubercles are not multiform, save but very rarely. But the diagnosis is further set at rest by the discovering of some concomitant syphilitic lesion of the throat or the tongue, by the presence of nocturnal bony pains, &c., although there may be no additional evidence of skin syphilis.

These syphilitic tubercles are often taken to be acne indurata spots; but they have none of the characters of an inflamed sebaceous gland, and especially no central aperture indicative of the follicular opening; they are primarily solid (new) formations, and they tend to ulcerate and leave pits behind on their disappearance, unlike ordinary acne spots. I have seen many cases of these syphilitic tubercles or slight infiltrations about the nose which have been treated for a long time without any benefit because their nature was not recognized; but if the fact of the disease beginning as a new formation be attended to, the observer will be at once put upon his guard against error, and many a patient will be saved from ugly ulceration and deformity of the ala of his nose by timely treatment.

#### UNCONSCIOUS SCRATCHING.

I am convinced that sufficient attention is not paid to the evil effects of

scratching upon skin diseases accompanied by pruritus, and especially by such as may be termed unconscious scratching—i. e., that which is practiced during the night. To the case of old people suffering from pruriginous affections these remarks particularly apply. I was recently consulted by a gentleman in his fifth-eighth year, who had been greatly distressed and worried by an attack of cutaneous pruritus, for which he had failed to get relief, and which he aggravated greatly by savagely excoriating the skin with the nails, thereby inducing a crop of what is known as pruriginous papules (inflamed follicles and papillæ in a state of excoriation). The cause of his malady was overwork and want of fresh air no doubt; this, however is not the point I want to notice, but the effect of scratching during sleep practiced perfectly unconsciously upon himself. He told me that his mornings were miserable on account of the burning and soreness he felt in his skin. He imagined that he had exacerbations of his disease in the mornings; but I observed that each morning the skin appeared to be more than usually excoriated, and on requesting his wife to watch his doings at night, it appeared that he was in the habit of almost continuously scratching himself in various parts of the body when in sound sleep. He had no idea that he habitually so scratched his skin; but attributed the ill effects of the scratching to an aggravation, natural as it were, of the disease. The disease in his case was speedily cured, though it had lasted some time, by anointing the body with simple oil, and tying the hands in gloves, so that the nails could inflict no injury upon the skin when he was not watched in the night. The case illustrates the importance of attending to "little matters" in the treatment of skin diseases, and especially in regard to scratching.

#### SYPHILITIC PEMPHIGUS IN AN ADULT.

As instances of syphilitic pemphigus are "few and far between" in private practice, the narration of the

following case, which came under my observation in March, 1873, will be followed with interest.

The patient was a gentleman aged twenty-five, sent to me by his medical man from the country. He informed me that he had "had a great deal of worry and trouble of late," and had suffered much from "migrain." The disease for which I was immediately consulted attacked him first in October, 1870, about the hands and feet, and the interior of the mouth was so badly affected that he "could not eat anything," and the patient added that "the throat was awfully bad." He had been attacked by seven outbreaks in all, including the one I saw. The outbreaks kept him in bed a fortnight, and left him in a very weak and depressed condition. When any outbreak was severe, the patient suffered from intense headache during its height for about twenty-four hours. He had been subject to neuralgic pains, and occasionally to rheumatic pains. He had been very low-spirited. The body had never been attacked by the eruption; the penis, however, had suffered of late.

The last attack began on March 6th by a little speck on the centre of each hand, the patient being very low and weak. The lip became sore on its outside and "broken." On March 8th another spot appeared on the thumb. On the 11th other spots had appeared about the fingers, and the first which came had assumed the aspect of little bullæ; the gums had also become tender, and the spots on the 14th had reached the size of a large split-pea. On the 15th the patient felt so weak that he had to go to bed; the throat got very sore and the bullæ filled with bloody fluid and looked like black grapes. The feet now became affected. On March 20th the patient was still in bed; headache came on and lasted all day, and the man suffered from great pain in the limbs and febrile disturbance. He got up on the 24th of March (eighteenth day of disease) for the first time since he took to bed. When I saw the patient on March 28th—that

is, the twenty-second day of the attack, there were about sixteen bullæ on each hand, of various sizes and different stages of evolution, some being much indurated at their bases and some freely coated over; and about ten on each foot. Patient's tongue exhibited white patches and fissures on the sides, and there was also evidence of syphilitic ulceration about the throat on each side. His wife was confined of her first child in February, five weeks before her expected time, and the child only lived two days.

*Remarks.*—I base my diagnosis of syphilis upon the general state of the patient, which showed that he was to some extent cachectic; upon the frequency of the attacks of headache; the occurrence of rheumatic and neuralgic pains, especially about the head; the evidence of syphilitic mischief in the throat and about the tongue; the seat of the bullous eruption—viz., the soles of the feet and the palms of the hands; the indolent character of the eruption—viz., the slow development of the bullæ, their tardy progress, the presence of sanious contents, and particularly the induration left behind by them; upon the premature confinement of his wife with what was practically a still-born child; and, lastly, the effect of anti-syphilitic treatment in relieving the patient.

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**SURGICAL ANÆSTHESIA.**—M. Fornes, a French naval Surgeon, urges the advantage of putting a patient asleep by administering chloral hydrate previously to his inhaling chloroform for the purpose of anæsthesia.—*Le Movement Medical*, June 27, 1874.

**A NEW DIAGNOSTIC SIGN OF AMYLOID DEGENERATION.**—Dr. Lionville, of Paris, has observed the presence in the urine of epithelial cells having undergone amyloid degeneration in the adult. He advises therefore in all cases where amyloid degeneration is suspected to exist—namely, those in which chronic diarrhœa, with cachectic symptoms and tumefaction of the spleen, are observed—to search in the urine for this additional sign.

## RECOVERY FROM APPARENT DEATH INDUCED BY THE INHALATION OF CHLOROFORM.

BY SIR JOHN ROSE CORMACK, M. D., OF PARIS.

*From the Transactions Surg. Section Brit. Med. Assoc., 1874.*

THE case here given was described to show the therapeutical value of inversion of the body when there is syncope from cerebral anæmia, and to aid in the elucidation of chronic chloroform poisoning.

The subject of this remarkable case was J. A., a lady's maid, an Englishwoman, aged 27. She was minutely described in the opening of the paper. The gist of the details we may sum up by saying that she was hysterical, weak and anæmic. She was admitted, under Sir John Cormack's care, to the Hartford British Hospital of Paris, on January 30, 1874, to be treated for chronic disease of the hip joint and necrosis of the femur. On May 25, Sir John resolved that she should be chloroformed, so that, painlessly to the patient, he might make a thorough exploration, and remove a loose piece of bone, which could be felt by the probe. At half-past ten on that day all was ready for the operation. The patient was placed on her left side, recumbent, and with the face quite free. The day was hot, but a slight breeze was playing. The patient lay before, and within three feet of, a large casement window. Mr. Vines administered the chloroform. This he did by placing near the patient's mouth a napkin folded as a hollow cone, and having within it a small quantity of chloroform. There was a free space of some inches between the towel and the lips of the patient. In two minutes she had passed into a calm sleep, without having spoken a word, moved a limb, or twitched a feature. Pinching the skin of the fore-arm caused only a very slight movement. The towel was now so far removed from the mouth that the inhaled chloroform vapor must have

been so diluted with atmospheric air as to augment very slightly the anæsthesia. For two minutes more Sir John kept his hand on the pulse. She was then profoundly chloroformed. The breathing was natural; the pulse, though slow, was quite regular, and of fair strength. At the end of four minutes from the commencement of the inhalation of chloroform, his colleague, Dr. Herbert, joined Sir John. Just as he entered Sir John made a free incision, saying, almost simultaneously with Dr. Herbert, that the patient was too much under the influence of the chloroform. Glancing at her and feeling her pulse, Dr. Herbert replied—"Yes, but the pulse and breathing are all right." No more chloroform was given; and whilst Sir John proceeded with the operation to its completion, the window was thrown open; and Dr. Herbert tried to bring back the patient to consciousness by flapping her face and chest with a wet towel. About twenty minutes from the time at which the inhalation was commenced, Dr. Herbert announced an alarming irregularity and sinking of the pulse. At this crisis, and throughout the whole duration of the unconsciousness—except once, for a few minutes—the lips were red and the face had neither a ghastly nor a pale aspect. The pulse became more and more irregular and feeble; death seemed imminent. The body of the patient was inverted; the pulse immediately improved. The patient was maintained in an inverted position for four or five minutes; the pulse had then so much improved that danger seemed to be past. Accordingly the woman was replaced in the horizontal position, when a variety of auxiliary restorative



measures were pursued. The patient was at a later stage twice inverted for a few minutes with remarkable benefit to the pulse. Many means were used when the patient was horizontal. There was partial consciousness. All seemed to be going on well, when the patient relapsed into unconsciousness, the pulse fluttered and fell, and the breathing became very weak, very slow, and occasionally jerking. At the same time, and for the first time, the lips and the cheeks became deadly pale, and for a minute or two life seemed extinct, so long an interval occurred between the respirations. Artificial respiration was employed. Under this treatment the pulse, which had become imperceptible, returned, to a certain extent, failing, however, when the artificial respiration was relinquished for a minute. At this crisis the danger seemed even more urgent than it had yet been, the respiratory function being much more profoundly compromised. Inversion was again resorted to, and again with the happiest results. A little later, vomiting came on, which seemed to bring back the patient to a certain degree of consciousness. This was the state of matters at half-past one o'clock. Between that time and half-past three she was in an improving but still very dangerous state. The relapses were frequent, but they were, with one exception, not alarming. At four o'clock she took some beef-tea. She swallowed easily. She was then in a state of semi-consciousness, in which condition she still remained on the following day. Its intensity gradually diminished; but three days and three nights had elapsed before it had entirely passed away. At the end of that time the patient had resumed her former ways in respect of food, sleep and intelligence. It is essential to state, that besides artificial respiration and inversion, many auxiliary means of resuscitation were employed, all of which must have contributed to the happy issue. In this abstract our object has been to present as fairly as possible the beneficial results of the inversion practice. The *chronic* and

*cataleptiform* characters of this case of poisoning with chloroform vapor were, in the author's opinion, its most remarkable features. Several cases of a somewhat similar character were mentioned, showing that chloroform inhalation may prove fatal after an interval of many days. The author was convinced that inversion had proved useful in his case as well as in others previously described. He held, however, that all the various restorative measures which had been employed in his case contributed to recovery. He said that numerous cases are recorded in which, by means of keeping the patients warm and in the horizontal position, they have been saved by artificial respiration. The author did not recommend that, in cases of cerebral anæmia from chloroform poisoning, the inverted was preferable to the horizontal position; he only recommended the former to be used—as in the case he had described—for short intervals, and in conjunction with the persevering use of artificial breathing and the other common measures of recovery and precaution.

#### PROTECTION FROM YELLOW FEVER.

—In a report on yellow fever, recently published in the United States, it is shown that this disease has never appeared in any climate at the height of 2,500 feet. In the island of Dominica, a hill-top not more than 1,500 feet high is always healthy, even when the fever is epidemic at its base. In San Domingo similar observations have been made. The highest elevation at which yellow fever has occurred in the United States is 460 feet, in Arkansas; and the medical men of this country now hold that the stratum of air infected by the poison is heavier than pure air, and therefore sinks, and they recommend that in unhealthy districts houses and hospitals should be built on tall piles, so as to be above the fever stratum. But where hills are near, the best remedy will be to carry the patients up to a height of 500 feet.

## CASES ILLUSTRATING THE USE OF THE ELASTIC LIGATURE, IN THE BIRMINGHAM HOSPITAL FOR WOMEN.

*From the London Lancet, Sept., 1874.*

THE value of the elastic ligature is well illustrated in the subjoined cases. In the first case it was specially suitable. It is, indeed, in the instances of vascular growths so situated that cutting operations are inadmissible, that the gradual strangulation chiefly triumphs. The *modus operandi* tends materially to diminish the risk of hæmorrhage, while in operations of no great magnitude the danger of the supervention of phlebitis is but small, at least not greater than after the use of the knife, the cautery, injections, or the ordinary ligatures.

M. B.—, aged twenty-five, admitted Dec. 25th, with a large varicocele of left labium, which gave rise to much discomfort from the excoriations and discharge. Its removal had been attempted in another institution, but the hæmorrhage had been so alarming that it was not persisted in. According to her own account, the patient had to be watched night and day by dressers.

Feb. 2d.—Mr. Tait passed a double elastic ligature through the base of the tumor by means of a trocar, and tied it in opposite directions, so that each half of the ligature embraced half of the base of the tumor. A quarter of a grain of morphia was at the same time injected under the skin of the arm.

4th.—The tumor quite black, and nearly separated.

7th.—The separation is complete, and a healthy granulating surface about three inches in diameter is left, to which red lotion was applied as a dressing. Very little pain was complained of after the first twenty-four hours, and there was never the least hæmorrhage. On the 23d of the month the wound was almost healed.

H. S.—, aged thirty-three, admitted Jan. 5th with a deep and sinuous fistula leading from about two inches to the left of the anus, through the ischio-rectal fossa to an aperture in the rectum, about three inches up. An elastic ligature was passed and tied on the 26th, and it came out on the 30th. Considerable pain was felt for a few hours after its insertion. The track healed perfectly, and the patient was discharged cured. In this case the advantage of the ligature over the knife was that it saved all loss of blood, and, as the patient was very anæmic, that was a point of importance.

M. P.—, admitted April 27th, suffering from three perineal fistulæ, one opening to the right of the right labium, and the others about an inch and two inches respectively to the right of the anus. The uterus was quite fixed, and the history given indicated the occurrence of a pelvic hæmatocele some months previously, and its subsequent suppuration. These fistulous tracks led up into a cavity behind the uterus, from which a very abundant discharge flowed after its exploration.

May 1st.—Two elastic ligatures were passed, one through the track opening in the labium, and the other through the principal track to the right of the anus into the suppurating cavity, and thence through an opening made into the rectum, and then they were tied through the rectum. They made their way out on May 4th and 5th. A few days later the discharge was coming entirely through the rectum.

19th.—The discharge has very much diminished in quantity, and the patient is now able to sit down comfortably, as she has not done for many months.

#### INFLUENCE OF ANÆSTHETICS UPON THE SEXUAL IMPRESSIONS OF FEMALES.

—A physician called as an expert before a United States tribunal made the following declaration: "A woman under the influence of anæsthesia is more liable to conception than when sexual intercourse has happened by force, and I concur in the opinion of Dr. Beck, expressed in his treatise on medical jurisprudence, that women may conceive during anæsthesia. The relaxation it produces facilitates conception."

This point seems to me established; but I desire to add an observation which I have made in my practice, and one that it deeply concerns physicians to know. It is well known to-day that occasionally under the influence of ether or chloroform an excitation of the sexual organs is produced and a feeling is excited in the mind by this sensation which may make a woman believe that she has been subjected to violence.

The first case of this nature which I witnessed myself occurred during a delivery. The woman, placed under chloroform, experienced sexual sensations so vivid that she accused me of having violated her and called on her husband for protection. But he had been with her all the time as well as a dozen women who had never quitted the chamber. In a second case I was administering chloroform to a woman to have a tooth extracted, but the physiognomy of the patient showed an expression of venereal excitement so pronounced that I hastened to call in her parents. On awakening she seemed astonished to see herself surrounded by her family, and clearly exhibited what her impressions had been.

On another occasion a lady of a certain age entered my office in a state of high excitement, and related that she had gone to her surgeon to have a trivial operation performed, to relieve the pain of which she had taken chloroform, and the surgeon had abused her while under its influence. I was persuaded that she had deceived herself, and on examining

all the circumstances clearly proved to her that she had been subject to a delusion.

The moral is that physicians should never administer ether or chloroform except in the presence of witnesses. —*Revue Medicale*, Aug. 17, '74.

**TETANUS FOLLOWING ABORTION** (*The Medical Press and Circular*, June 10, 1874).—Mr. M. A. Boyd reports the case of a primipara, thin, anæmic, and nervous, in whom abortion was produced during the third month, by a fall. The hemorrhage was easily controlled, and the remains of the ovum came away entirely on the third day. She did well until the morning of the sixth day, when trismus made its appearance, together with the characteristic *risus sardonicus*; opisthotonos followed on the next morning, with frequent and painful spasms, and her condition steadily grew worse until her death, which occurred six days after the commencement of the tetanic symptoms. She was treated with large doses of chloral,—nearly an ounce every twenty-four hours,—and with nutrients and stimulants. The tetanus was probably due to irritation of the brain, from deprivation of blood in an already anæmic subject.—*Phil. Med. Times*.

Dr. STUART ELDRIDGE, an American physician connected with the medical staff of five large native hospitals on the island of Yesso, Japan, has a large number of native students attending his clinical lectures. He publishes in the Japanese language a bi-monthly illustrated medical journal which finds numerous readers.

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